Case Number:	CM15-0063789		
Date Assigned:	04/09/2015	Date of Injury:	12/31/2013
Decision Date:	12/03/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 37 year old female with an industrial injury date of 12-31-2013. Medical record review indicates she is being treated for lateral epicondylitis elbow. Subjective complaints (12-16-2014) included new onset of numbness index, middle and ring finger since last appointment. Symptoms were worse with flexion of elbow and better with extension of elbow. Work status (12-16-2014) was modified duty. Medications included Ibuprofen, Dexilant, Gabapentin, Zantac, Exforge, HCTZ and Prilosec. Diagnostics included MRI of the right elbow (09-25-2014) was read as follows: Low to moderate grade partial tear at its femoral origin of the common extensor tendon. No tear of the subjacent radial collateral ligament or edema in the lateral epicondyle. The treating physician documented in the 10-02-2014 note: "Failed physical therapy, medications, modified duties and 2 injections." Objective findings (12-16-2014) noted right lateral epicondyle tender with positive finger extension test and weakness in supination. Tinel's was negative at elbow and wrist. On 03-04-2015 the request for right Percutaneous Tenotomy right elbow common extensor with ultrasound guidance was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Right Percutaneous Tenotomy Right Elbow Common Extensor with Ultrasound Guidance, as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

Decision rationale: CA MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence of failure of conservative care of 12 months to warrant a lateral epicondylar release. Therefore, determination is for non-certification, not medically necessary.